



TOWN OF ROLESVILLE

Adult Softball Team Registration

Name of Team: _____

Contact Person Responsible: _____

Address: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Fax: _____

Email: _____

2014 team name: _____

For the 2015 Season which league would you like to register for: (circle one)

(Coed League), (Women's Open League), or (Men's Open League)

(Leagues will begin middle of August & will have a single elimination preseason tournament, 10 game regular season, follow by a post season double elimination tournament.)

1. Team Fee \$625: Make checks payable to the Town of Rolesville. Full payment is due by 5 pm on **Friday, July 31st**. There will be a \$10 late fee to any team that signs up and/or pays after July 31st (if space is available).
2. -Drop off registration form and payment to 514 Southtown Circle, Rolesville, NC 27571
-Mail registration form and payment to PO BOX 250, Rolesville, NC 27571
-Fax registration form to 919-556-6852
-Email registration from to josh.bridges@rolesville.nc.gov
3. Return check fee: \$25
4. **Mandatory** coaches meeting on Monday, August 10th at 7 pm. The meeting will be at 502 Southtown Circle. If a team does not have a representative at the coaches meeting they will not be on the schedule.

By signing below, I do hereby understand that I am responsible for all parties involved on this team.

Signature of Applicant _____

Date _____

Office use only:

Date Paid _____ Amount Paid _____ Check number _____ Cash _____ Received by _____

League _____



Rolesville Parks & Recreation Adult Softball Team Roster

Team Name: _____ Coach: _____

	Printed Player Name	Address, City, Zip Code	Phone Number
1.			
2.			
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